Idaho Medicaid Draft Payer Strategy Summary
Update November 2015

Idaho Medicaid plans to implement changes to its payment structure for its Healthy Connections primary care program to incentivize patient centered medical home development in coordination with the State Healthcare Innovation Plan (SHIP). Patients are attributed to practices based on their provider selection, or if no provider is selected, based on their past claims and proximity to provider locations and provider availability.

- Providers will receive per member per month payments (PMPM) for attributed patients to support activities directed towards improved patient care and better coordinated services.
- PMPM Payment amounts will vary depending on member and provider characteristics, as outlined in the table below.
- New regulations are under development to support these changes. Providers had the opportunity to participate in drafting these rules and providing input on specific requirements through negotiated rulemaking sessions in.
- Rates shown below were developed to support care management employees and physician involvement in practice transformation

Healthy Connections Payments – Available to All Participating Healthy Connections Primary Care Providers			
Primary Care Program	**PMPM amount**	**Qualification for Payment**	**Administrative Requirements**
Healthy Connections Limited PMPM to reflect the minimal care coordination needs of patients	**$2.50** for all attributed Basic Plan Participants • *Well children* • *Well adults* • *Pregnant women* **$3.00** for all attributed Enhanced Plan Participants • *Aged 65 and up* • *Disabled and chronically ill adults* • *Children with special health care needs* *Individuals with severe and persistent mental illness or serious emotional disturbance*	**Similar to existing Healthy Connections requirements:** • Provide preventive, routine and urgent care. • Coordinate care and provide referrals for designated services. • Management and documentation of patient's medications. • 24/7 after-hours access to a medical professional for purposes of referral to services.	**Reduced -** Referral no longer required for following services also requiring a physician's order • Durable Medical Equipment • Occupational Therapy • Physical Therapy • Speech Therapy • Hospice • Adult & Children's Developmental Disability Services

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Provider Capability Payments – Additive to Patient Complexity Payments, Based on Provider Qualifications			
Primary Care Program	**PMPM amount**	**Qualification for Phase One Payments**	**Administrative Requirements**
Healthy Connections Access Plus For providers with minimal care coordination and enhanced access to care	**$3.00** for all attributed Basic Plan Participants **$3.50** for all attributed Enhanced Plan Participants	**Similar to existing Healthy Connections requirements with addition of enhanced access to care:** • Complete a tier application. • Provide preventive, routine and urgent care • Coordinate care and provide referrals for designated services. • Management and documentation of patient's medications. • 24/7 after-hours access to a medical professional for purposes of referral to services. • Enhanced patient access to care – must meet one of the following: o 46 hours of access to care for patients o Nearby Service Location with extended hours and shared EMR within same organization o Patient portal to enhance access to care o Telehealth - remote healthcare services o Other – must be approved by the Dept.	**Reduced -** Referral no longer required for following services also requiring a physician's order • Durable Medical Equipment • Occupational Therapy • Physical Therapy • Speech Therapy • Hospice • Adult & Children's Developmental Disability Services

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Provider Capability Payments – Additive to Patient Complexity Payments, Based on Provider Qualifications			
Primary Care Program	**PMPM amount**	**Qualification for Phase One Payments**	**Administrative Requirements**
Healthy Connections Care Management *For providers with some patient centered medical home capabilities*	**$7.00** for <u>all</u> attributed Basic Plan Participants **$7.50** for <u>all</u> attributed Enhanced Plan Participants	**Proposed criteria – similar to existing "Healthy Connections" program requirements with the addition of some PCMH capabilities** ***Required:*** • Complete a readiness assessment and tier application. • Complete Patient Centered Medical Home Assessment (PCMH-A). • Create a well-defined 1 - 3 year plan to achieve national PCMH recognition. This plan must be submitted within six month and will be monitored by Medicaid primary care staff. • Enhanced patient access to care– must meet one of the following: o 46 hours of access to care for patients o Nearby Service Location with extended hours and shared EMR within same organization o Patient portal to enhance access to care o Telehealth - remote healthcare services o Other – must be approved by the Dept. • Provide physician leadership for PCMH efforts. • Dedicated care coordinator staff or equivalent support for care management of individuals with chronic illnesses. • Established connection to the Idaho Health Data Exchange (IHDE). ***And one of the following:*** • Enhanced care management activities – community health emergency medical services or community health workers, promotora model, home visiting model, or similar enhanced care coordination model with proven results. • Population health management capabilities - registry reminder system or other proactive patient management approach. • Behavioral health integration – co-located or highly integrated model of behavioral and physical health care delivery. • Referral tracking and follow-up system in place. • National Committee Quality Assurance (NCQA) level 1.2.pr 3 PCHM recognition or Utilization Review Accreditation Commission (URAC), Joint Commission, Accreditation Association for Ambulatory Health Care (AAAHC) or other PCMH national recognition.	**Reduced -** Referral no longer required for following services also requiring a physician's order • Durable Medical Equipment • Occupational Therapy • Physical Therapy • Speech Therapy • Hospice • Adult & Children's Developmental Disability Services

Provider Capability Payments – Additive to Patient Complexity Payments, Based on Provider Qualifications			
Primary Care Program	**PMPM amount**	**Qualification for Phase One Payments**	**Administrative Requirements**
Healthy Connections Medical Home *Providers with advanced patient centered medical home capabilities*	**$9.50** for <u>all</u> attributed Basic Plan Participants **$10.00** for <u>all</u> attributed Enhanced Plan Participants	**Proposed criteria – similar to existing "Health Homes" program requirements:** • Complete a readiness assessment and tier application. • Complete Patient Centered Medical Home Assessment (PCMH-A). • NCQA level 2 or 3 patient centered medical home recognition: URAC, Joint Commission, AAAHC or other patient centered medical home national accreditation. • Established bi-directional connection to the Idaho Health Data Exchange (IHDE) with demonstrated share relationship. • Provide physician leadership for PCMH efforts. • Dedicated care coordinator staff or equivalent support for care management of individuals with chronic illnesses. • Quality improvement activities directed at increased performance for quality measures. • Enhanced patient access to care – must meet one of the following: o 46 hours of access to care for patients o Nearby Service Location with extended hours and shared EMR within same organization o Patient portal to enhance access to care o Telehealth - remote healthcare services o Other – must be approved by the Dept.	**Reduced -** Referral no longer required for following services also requiring a physician's order • Durable Medical Equipment • Occupational Therapy • Physical Therapy • Speech Therapy • Hospice • Adult & Children's Developmental Disability Services

Quality Measure Reporting

Quality measurement tracking and reporting is a key component of Medicaid's strategy to support patient centered medical homes. Data will be exchanged between Medicaid and the provider, and vice versa. This will be a key piece of future payment strategies.

During the first phase of implementation (as outlined in the tables above) a claims data dashboard will be reported back to provider locations by Healthy Connections representatives:

- *Diabetes* – A1C completion
- *Asthma* – Asthma Emergency Department visits
- *Low Birth Weight* – Low birth weight per 100 births
- *Medication Management* – Adherence to Anti-Psychotics for Individuals with Psychotic Diagnoses
- *Acute Care Hospitalization* – Percent of patients admitted

Quality measure reporting will expand to include clinical data collected through the Idaho Health Data Exchange for SHIP core measures when that functionality becomes available.

Future Development Timeline

2016	Implementation of first phase as described above
2016 – 2017	Development of capacity to collect clinical measures through IHDE • Work with IHDE and SHIP data analytics contractor to develop methods for clinical measure data collection and reporting • Work with primary care providers to build EMR gateways to IHDE to facilitate data reporting
2017	Payment for performance based on quality measures begins for select providers on a voluntary basis • Quality measures will be collected via IHDE
2018	Expansion of payment for performance, to partially replace fee schedule reimbursement for providers electing to participate
2019 on	Development of shared savings approaches to reimbursement and fully capitated payments to primary care providers electing to participate